PTO/SB/06 (08-03)
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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875								Applic	ess it displays a valid OMB control number Application of Docket Number		
CLAIMS AS FILED - PART I (Column 1) (Column 2) SMALL ENTITY								OR	OTHER THAN SMALL ENTITY		
	FOR	NU	IMBER FILED NU		BER EXTRA	RATE	FEE		DATE		
	BASIC FEE (37 CFR 1.16(a))					I		_	RATE	FEE	
TC	TOTAL CLAIMS					┨ ├	\$	OR		15-86	
	CFR 1.16(c)) DEPENDENT CLA	IMS /	minus	20 = •		X \$=		OR	X \$=		
(37	CFR 1.16(b))		minus	3 = •		x \$=		OR	X \$ =		
мí	MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))							OR	+\$ =		
٠lf	* If the difference in column 1 is less than zero, enter "0" in column 2.							OR	TOTAL	860	
	(CLAIMS AS A	MENDE	D – PART II							
1	11-32.04 (Column 1) (Column 2) (Column 3)					CAAALA	ENTIT (OR	OTHE	R THAN	
AMENDMENT A		CLAIMS	Т	HIGHEST	(Goldmin S)	SMALL	ENTITY	¬	SMALL	ENTITY	
		REMAINING AFTER AMENDMEN	г	NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total (37 CFR 1.16(c))	5	Minus	20	* C ₂	X \$ =		OR	X \$ =		
	Independent (37 CFR 1.16(b))	' /	Minus	3	= ()	X \$=		OR	X \$ =		
₹	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+ \$ =		OR			
4)	<i>b</i>							OR	TOTAL ADD'L FEE		
	(Column 1) (Column 2) (Column 3)					ADD'L FEE			ADDETEE	L	
ENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL	
	Total (37 CFR 1.16(c))		Minus	**	=	V	100	1		FEE	
	Independent (37 CFR 1.16(b))	•	Minus	***	=	X \$=		OR	X \$=		
AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					X \$=		OR	X \$=	·	
						+ \$ = TOTAL		OR	+ \$ = TOTAL		
		(Caluma 4)				ADD'L FEE		OR	ADD'L FEE		
		(Column 1) CLAIMS		(Column 2) HIGHEST	(Column 3)						
AMENDMENT C		REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL	
	Total (37 CFR 1.16(c))		Minus	**	=	X \$ =				FEE	
VEN.	Independent (37 CFR 1.16(b))	*	Minus	***	=	X \$ =		OR	X \$=		
₹	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+\$ =		OR OR	X \$=		
	If the activity					TOTAL ADD'L FEE		OR L	+ \$ = TOTAL ADD'L FEE		
***	If the "Highest N	umber Previously	y Paid For" / Paid For"	in column 2, write IN THIS SPACE is IN THIS SPACE is	s less than 20, er	nter "20". er "3". number found in ti		l	L		

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.